

Rational Pharmaceutical Management Plus Copenhagen Meeting with Partners

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About RPM Plus

The Rational Pharmaceutical Management Plus (RPM Plus) Program, funded by the U.S. Agency for International Development (cooperative agreement HRN-A-00-00-00016-00), works in more than 20 developing countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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Acronyms

AMDS	AIDS Medicines and Diagnostics Service
EDM	Essential Medicines and Drugs Policy (department of WHO)
GIST	Global Joint Problem Solving and Implementation Support Task Team
GTT	Global Task Team
IAPSO	Inter-Agency Procurement Services Office
MMSS	Malaria Medicines and Supplies Service
NPO	National Programme Officer
PAHO	Pan American Health Organization
PSM	Procurement and Supply Management
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Background

RPM Plus has been providing support to the RBM Partnership and the malaria community, consolidating at the global level the RPM Plus capacity building assistance already provided at regional and country levels to RBM partners, disseminating approaches and tools developed and implemented at the country level and reinforcing synergies among global partners for country level impact. This support is intended to ensure that pharmaceutical management standards and practices are globally and locally disseminated; that lessons learned from the field are communicated and incorporated into policy, strategic and implementations plans; and build upon RBM partners' complementarities to avoid duplication of efforts for optimal impact at the population level. This intervention is also contributing to the support of the recently developed RBM Global Strategic Plan for 2005-2015 which is in the process of being consolidated by the development of a framework for the scaling up of key interventions: Scaling Up For Impact.

Activities specifically identified with the RBM Partnership are related to a direct support to RBM/MMSS in facilitating access to affordable quality antimalarial medicines and other essential supplies such as mosquito nets, RDTs, and insecticides. This includes support to the MMSS procurement coordination mechanism of ACTs established in 2000 with Novartis, under a special agreement that provides ACTs products at a preferred price to countries through RBM/MMSS. While the support to the global malaria community also includes the dissemination of pharmaceutical management tools and increased interaction with Global Malaria initiatives for the systematic consideration of pharmaceutical management standards and practices at the policy and operational level.

Purpose of Trip

Evan Lee traveled to Copenhagen at the invitation of the Malaria Medicines and Supplies Service (MMSS). The purpose of the trip was to identify partners who are providing assistance to countries in drug management and to consolidate collaboration between MMSS and the UNICEF Supply Division, for both the production of the Sources and Prices of Selected Antimalarial Products, 2006 version, and continued efforts to obtain updated data for the forecasting database which RPM Plus has supported MMSS to develop.

Scope of Work

- Meet with Copenhagen based partners, including IAPSO and UNICEF
- Attend technical briefing seminar on PSM
- Attend GTT meeting

Activities

Meeting with IAPSO

RPM Plus participated in a meeting of MMSS with the Inter-Agency Procurement Services Office (IAPSO). This meeting provided an opportunity to learn about the role and activity of IAPSO. IAPSO is part of the UN Development Programme, and provides procurement services for UNDP, NGOs, ECHO, World Bank, and participates in the Inter-Agency Procurement Working Group. IAPSO developed the UN Web Buy system which is also used at WHO. They are the designated procurement agent for Stop TB.

UNDP is the Principal Recipient for 28 countries for The Global Fund. However, each country office is managed independently, and is not required to use IAPSO for procurement, unlike, for example, UNICEF, which obliges UNICEF country offices to use the services of the UNICEF Supply Division.

IAPSO does not provide technical input into procurement, i.e. does not have input into product choice. Last year IAPSO procured \$193 million worth of goods. \$53 million was for GDF, for which service IAPSO charges 1.5%. IAPSO ensures that every batch of drugs is tested, as per GDF requirements. With UNICEF and UNFPA, IAPSO participates in a global freight agreement, which has lowered shipping costs considerably. Note that the WHO procurement service does not participate in this agreement, and anecdotally, this leads to longer delays with procurement through WHO.

With their Internet-based software platform (IAPSO has an in-house staff of 9 programmers who developed the system), 24-hour a day tracking of shipments is possible. All relevant documents, i.e. invoices, bills of lading, etc., are retrievable from this system, which also tracks the freight to arrival in-country. This information is fed into the system by XML data feeds by their freight forwarding agent(s).

IAPSO representatives agreed on the importance of compiling demand forecasts for commodities, but noted that with the decentralization of UNDP, they cannot oblige country offices to provide the information on procurements. There is some discussion about making it obligatory for these offices to use IAPSO for procurement services.

For pharmaceutical procurement by UNDP offices, IAPSO is in competition with IDA and Mission Pharma.

IAPSO is quite willing to supply information on procurement of medicines and related anti-malarial supplies to MMSS, and helpful comments were provided to the MMSS team on the format of the Excel-based reporting template which could be improved.

Update on Sources and Prices Guide for 2006

Prior to RPM Plus's arrival in Copenhagen, the MMSS team, which had already been on site for 2 days, had been able to meet with the colleagues at UNICEF Supply Division who have been

responsible for gathering information from manufacturers of medicines, nets, and other supplies for the prevention and control of malaria. It appears that the Excel tables used to gather this information are complete, and will be forwarded to MMSS next week. Some input is needed from other partners, such as WHOPEs regarding transport considerations for insecticides, and information on actual volumes of drugs for calculating shipping costs, as well as a table on drug resistance.

MMSS will maintain a list of those manufacturers who did not respond (only ~30% did respond to the request for information which came from UNICEF. Apparently some manufacturers were not willing to supply price information, and, as such, will not be included in the guide unless this information is supplied.

There is still interest in an Internet web-searchable document, but it appears that, for many countries, a CD-ROM would be a more useful format to provide information.

RPM Plus has been asked to help with some of the final writing for the guide, and will offer to review it.

Technical Briefing Seminar on PSM

RPM Plus also had the opportunity to attend the last session of a 4-day seminar that AMDS had organized in collaboration with UNICEF to identify, train, and brief potential consultants on PSM. There is a large need for consultants who can assess PSM systems in countries; provide technical assistance in this area; play the role of team leader for assessment exercises; and facilitate training workshops.

Attendees at this workshop included people from 12 different countries, across a variety of organizations, including NGOs; national drug authorities; central medical stores; and other consulting firms.

Separately from this visit, RPM Plus participated in the organization and training provided in this workshop (see report from Bannet Ndyabangi).

GIST/GTT Taskforce Meeting

The Global Joint Problem Solving and Implementation Support Team (GIST) was established by the Global Task Team (GTT) in mid-2005 to “overcome obstacles to implementation at country level,” among other objectives. Although this meeting was composed entirely of representatives of UN agencies (UNFPA, UNICEF, MMSS/WHO, AMDS, UNDP, EDM/WHO), RPM Plus observed in its current support role to MMSS. No platform exists yet for this coordination, but everybody agreed that there is a real problem of overlapping missions and duplication of work, which leads to an unnecessary expenditure of resources, and which also consumes scarce time and resources within countries. For example, one country had two successive assessment missions, one led by UNICEF, the other by MMSS—with differing results found with respect to the country’s PSM capacity.

It was clear from this meeting that better coordination and information sharing is needed among the UN agencies that are providing support to countries in PSM, and it was also recognized that it is important to share information with other, non-UN partners, who are also in the process of assessing PSM capacity within countries and in organizing technical assistance. There was some disagreement about whether malaria-related capacity building and technical assistance could occur concurrently with efforts to strengthen PSM capacity in the HIV/AIDS arena, but agreement that, when possible, sharing of lessons learned, and general PSM capacity strengthening should “spill-over” for malaria-related procurement.

At this meeting, there was an effort to identify priority countries. There was intensive discussion about whether countries should be chosen purely on the basis of those in greatest need, or whether it was better to focus efforts on those countries with a greater chance of success.

The following list was tentatively identified:

- Sudan (North) because the budget for HIV in the recent Global Fund grant includes \$7 million for capacity building in PSM
- Central African Republic because the needs of this country are great and it is mainly neglected by bilateral donors
- Ethiopia because of the progress already made and the potential for a “success” story
- Cameroon
- Liberia because the recent change in government, and apparent dedication to eliminating fraud offers a new opportunity
- Nigeria, because of its size and importance, and the presence of a National Programme Officer in the EDM department
- Uganda, because of the urgency brought on by the current arrival of large quantities of ACTs

UNDP noted that they are setting up Management service centers in 15 countries (list not supplied), to support procurement and supply management at the country level. These offices will be self-financed, and countries were selected where the volume of procurement seems likely to increase, and where human resources are available from the UN Volunteer program. These offices will include a manager (usually International staff—reporting to the UNDP office); a procurement specialist; a resource specialist; and a legal specialist.

EDM is also looking for ways to strengthen collaboration in the area of PSM. In particular, EDM has National Programme Officers (NPOs) in several countries, and their responsibilities include supporting PSM activities in-country.

Collaborators and Partners

- IAPSO
 - Jack Gottling, Deputy Director
 - Greg Soneff, Procurement Services
 - Blessed Chirimuta, Procurement Operational Specialist (based in South Africa)
 - Alphonso Fernandez
- UNDP
 - Volker Welter, Procurement Adviser (based in Copenhagen)
- WHO/EDM
 - Dr. Gilles Forte, Technical Officer

Next Steps

Immediate Follow-up Activities

1. RPM Plus will write the text that has been requested for the Sources and Prices Guide—specifically a disclaimer regarding the fact that the manufacturers listed do not necessarily provide products that are either WHOPES recommended, WHO PreQualified or meet GMP standards.
2. RPM Plus will offer to coordinate a review by MSH colleagues of the draft edition
3. RPM Plus will inform and update colleagues of the status of GIST activities, and explore ways to coordinate with the work of the GIST
4. Obtain the list of the 15 countries where UNDP will be setting up Management Services offices and share this list within RPM Plus
5. Obtain list of countries where EDM has NPOs present

Recommendations

Ways should be found for coordinating any country-level assessments, workshops and technical assistance in the area of PSM with the work of GIST members. It is recommended that RPM Plus develop and maintain contact with UNICEF and AMDS who are the lead coordinators. This is particularly important for those countries where MSH will be working either in the SCMS or PMI contexts.

Similarly, contact should be established both globally and at-country level with the Management Services Centers being established by UNDP in those countries where RPM Plus is active (for either malaria-related, TB-related, or HIV/AIDS-related work).

Follow-up with EDM is also indicated, to get a list of those countries where an NPO in their department is located, to ensure that RPM Plus is able to coordinate with this group when in-country activities are taking place.

IAPSO appears to have a strong “business-oriented” approach to procurement services. It would be useful for RPM Plus to learn more about the capability of their “Web Buy” system and to consider ways of working together with IAPSO.

